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**METHODS AND COMPOSITIONS FOR TREATING DISEASES ASSOCIATED WITH EXCESSES IN ACE**

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Over 40 common diseases, in addition to congestive heart failure (CHF) due to hypertension (HTN) or non-insulin dependent diabetes mellitus (type II diabetes mellitus) (NIDDM), atherosclerotic peripheral vascular disease (ASPV) due to HTN or NIDDM, and chronic obstructive pulmonary disease (COPD), emphysema (COPD), are associated with the ACE D/D genotype and should also respond to an adequate tissue-inhibitory dose of ACE inhibitors such as quinapril. Several of these diseases have now been successfully treated using higher than normal dosages of ACE inhibitors, especially hydrophobic ACE inhibitors, with good outcomes. ACE inhibitors have also been found to be useful in inhibiting apoptosis and aging in general. Dosages that have been utilized are typically greater than quinapril at a dose of 40-80 mg/day, i.e. up to 1 mg/kg per day for a "typical" 80 kg patient; New formulations of ACE inhibitors have been developed for these higher dosages, including 80 mg tablets, controlled and/or sustained release formulations, and formulations containing a second active agent such as a diuretic, or a compound such as furosemide 20 mg/day (for creatinine <2.5 mg/dl) or furosemide 40 mg/day (for creatinine >2.5 mg/dl), to prevent fluid retention and congestive heart failure in patients with renal failure. The ACE inhibitors can also be combined with an angiotensin receptor blocker.

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